

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 7	$\frac{120/19}{20/19}$ Ending Date: $\frac{10/23/19}{20/29}$
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kristine P. Clark Candidate Full Name (if applicable) Town Counselor Precinct 11 Office Sought and District 398 Woodside Fd W. Barns MA Residential Address E-mail: precinct 11 clark @ gmail.com Phone # (optional):	Committee to Elect Kris Clark Committee Name Leonard Clark Name of Committee Treasurer P.O. BOX 568 W Barns MA 02648 Committee Mailing Address E-mail: precinct 11 clark (2) gmail. com Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11)	,00
Line 3: Subtotal (line 1 plus line 2)	15125.00 5
Line 4: Total expenditures this period (page 5, line	14405,00 5
Line 5: Ending Balance (line 3 minus line 4)	14405.00 5
Line 6: Total in-kind contributions this period (page	ge 6) . 00 N A
Line 7: Total (all) outstanding liabilities (page 7)	,00
Line 8: Name of bank(s) used: Cooperat	IVE 19ank of cape Cod
	contributions and liabilities for this reporting period and represents the campaign recordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10 23 19 conly) best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the populaties of porture Husting A. C.	Date: 10/23/19

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)	
8/19/19	Dolores Schermer 42 Williams Path W. Barnstable, MA	, 100.00		
9/12/19	Louise Wesley 97 Cockle Love Rd. Chatham, MA 02655	75.00		
9/13/19	Theresa Przybylowicz 111 Daniel Shays Hwy Belchertown, MA 01007	250.00	College Professor Springfized Tech Comm college	
9/15/19	Fred Dempsey 48 Field Stone Rd. W. Barnstable, MA 02668	100.00		
9/21/19	Merrill Davis 660 Main ST W. Barnstable, MA 0266	\$100,00		
9/22/19	Andre Sampou 375 Cedar ST. W. Barnstable, MA 02668	\$100.°°		
9/22/19	Steve Wallace P.O. Box 490 W. Barnstable, MA 02668	\$100.00		
9/22/19	Tom Jones 76 Deacon Court Barnstable, MA 02630	\$100,00		
9/22/19	Lisa Hendrickson 404 Cedar ST W. Barnstable, MA 0266	\$100.00		
9/22/19	Joseph Gill 42 Burning Tree Ln. W. Barnstable, MA 02618			
9/22/19	Katrina Hunnagan 5 Darhy Way Osterville, MA 02655	\$/00.ºº		
9/22/19	Diane hower 201 Carlson Ln. W. Barnstable, MA 026	\$100.°E		
Line 9: Total Rece	ipts over \$50 (or listed above)			
Line 10: Total Rec	eipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/22/19	Less Hemmila 98 Governors Way W. Barnstable, MA 02668	1200,90	Shellfish Farmer Barnstable Sea Farms
9/22/19	Lesley Wallace 305 Pine ST. W. Barnstahle, MA 02668	\$110. w	
9/23/19	Michael Princi 60 Links Ln. Marstons Mills, MA 0264.	\$ 100.00	
9/25/19	James Dever 1 Steepy Hollow Ln. Sandwich, MA 02563	\$100.00	
9/26/19	Diane Ross 39 Tower Hill Rd. Osterville, MA 02465	\$100.00	
9/26/19	Mark Begley 20 High St. W. Barnstable, Mh 02668	\$ 200.00	Shellfish Farmer d/b/a Beach Point Oysters
9/24/19	Shauna Childs 124 Stoney Cliff Rd. Centerville, MA 02632		
9/27/19	Mary Waldron 54 Sycamore ST. Brockton, MA 02301	\$100.00	
9/28/19	Andrew Gottlieb 119 Pickeral cove RR. mashpee, MA 02649	1100.00	
10/1/19	Wayne Hayes 37 AnThony Dr. Hyannis, MA 02601		Shellfish Farmer d/b/a Wayne Hayes Seafoods
10/10/19	Judith Desroches 1525 Main ST W. Barnstable MA ON		
10/10/19	Penny Scott P.O. Box 786 W. Barnstable, MA 02668	\$ 200.00	Retired
10/10/19	Thomas Lancour 16 Jenkins Ln. W. Barnstable, MA 02668	\$100.00	
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 Id include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received		Amount	(101 CORELIDATIONS OF \$200 OF HIGH C)
10/16/19	David Rosenthal 115 Coachman Ln. W. Barnstable MA 02668	\$100,00	
10/14/19	Brian malone 356 Race Ln. Marstons Mills, MA 0264.	\$ 160.00	
10/19/19	Robert Bucchianeri 956 River Pd Marstons Mills, MA 02648		
10/23/19	Daniel Mullen P.O. Box 101 W. Barnstable Ma 026	\$ 200.00	Retired
Line 9: Total Rece	ipts over \$50 (or listed above)	\$3835, e	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	1,290,00	
	RECEIPTS IN THE PERIOD	*5125,ª	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

chort an exacut		nittee name and a page number on	each page.)		
	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
9/22/19	nolphin Restauran	3250 Main St Barnstable, MA 02630	Campaign Party	* 720.0	
	ν				
<u> </u>]	Line 12: Total Expenditures ov	rer \$50 (or listed above)	\$ 720.00	
Line 13: Total Expenditures \$50 and under* (not listed above)			.00		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$ 120.00	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		H		
<u> </u>		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

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